				1 9		- Ital	DDW/ A					
							BPW Award Date and					
1	Item and Category	Method	# Bids	Original Contract Amount	Fund Source		Agenda Item					
DBM	C81B7400002	CSP	2	\$342,000.00	RI-84.00%; GF-14.00%;		10/1/2014					
	S-MOD				FF-1.00%; SP-1.00%		1-S					
					(HOMEBUILDERS UNIT)							
	Using Agency		Contractor Name, City, State		Orig	ginal Contract Number						
	OFFICE OF T		RNEY									
	GEN	ERAL		WEST PUBLISHING CO.			C81B5400002					
				CAROL STREAM	IL							
	Description/Remarks(Include reasons for contract modifications, If applicable, and indicate if extension or renewal option)											
	EXERCISE THE 1ST OF TWO ONE-YEAR RENEWAL OPTIONS AS CONTAINED IN THE ORIGINAL CONTRACT TO											
	PROVIDE ON-LINE	ELEGAL	RESEARC	H FOR THE OFFICES OF TH	E ATTORNEY GEN	ERAL, ADMI	NISTRATIVE HEARINGS					
	& PUBLIC DEFEN	DER. TE	RM: 12/1/20	017 - 11/30/2018 (1 YEAR)								
		Complete Below - Contract Modifications Only										
		Mod No	. and Value	% Increase this Mod. to	Cumulative % In	crease All						
	Mod Date:	of Mod.		Original Contract	Mods to Original Contract		Cum Total Contract Amount					
	12/1/2017	1 \$119,100.00		34.82%	34.82%		\$461,100.00					
		'					BPW Award Date and					
2	Item and Category	Method	# Bids	Original Contract Amount	Fund Sou	rce	Agenda Item					
DBM	M00B7400589	CSP	2	\$94,500.00	SP- 100.00%							
	S	(HOSPITAL ASSESSMENTS				NTS)						
	Using	Agency		Contractor Name, City, State			Original Contract Number					
	DEPARTMENT		\LTH &	SCHOTT HEALTHCARE								
	MENTAL			CONSULTING, LLC								
				DERWOOD	MD							
	Description/Remarks(Include reasons for contract modifications, If applicable, and indicate if extension or renewal option)											
	PROVIDE CONSULTING ASSISTANCE TO REVIEW & ADVISE REGARDING FINANCIAL VIABILITY OF CERTIFICATE OF											
	NEED PROPOSAL	S.										
			(1 YEAR V	V/1 RENEWAL OPTION) TO	ΓAL VALUE = \$189,	000	-					
	Complete Below - Contract Modifications Only											
		Mod No	. and Value		Cumulative % Ir							
	Mod Date:	of	Mod.	Original Contract Mods to Original		l Contract	Cum Total Contract Amount					
				-								

							BPW Award Date and					
3	Item and Category	Method	# Bids	Original Contract Amount	Fund Source		Agenda Item					
DBM		SS	0	\$242,940.00	GF- 10	0.00%	5/25/2016					
	S-MOD						1-S					
	Using Agency			Contractor Name, City, State		Orig	Original Contract Number					
				ASSOCIATED CATHOLIC								
	OFFICE (	ON AGIN	G	CHARITIES, INC.			D26B7400002					
				BALTIMORE	MD							
	Description/Remarks(Include reasons for contract modifications, If applicable, and indicate if extension or renewal option)											
	MOD TO INCREASE THE NUMBER OF PARTICIPANTS FOR INDIVIDUALIZED CONGREGATE HOUSING SERVICES FOR											
				RUNDEL WOODS, BASILICA		IP STATION	, TRINITY HOUSE &					
	VILLAGE CROSSR	ROADS.	TERM: 3/28	3/2017 - 6/30/2017 (3 MONTHS	,							
		Complete Below - Contract Modifications Only										
	16.15		and Value		Cumulative % Increase All Mods to Original Contract							
	Mod Date:	01	Mod.	Original Contract			Cum Total Contract Amount					
	3/28/2017	1		11.27%	11.27%		\$270,318.00					
		\$27,378.00										
							BPW Award Date and					
4 Item and Category Method #Bids Original Contract Amount Fund Source							Agenda Item					
DBM		SS	# Blus	\$200,500.00	GF- 100.00%		5/25/2016					
DDIN	S-MOD	33	U	\$200,500.00	GF- 10	J.00%	5/25/2016 1-S					
	Using Agency			Contractor Name, C	City State	Orio	inal Contract Number					
	Osing	Agency		BNAI BRITH MULTI FAMILY	ony, state	Ong	ginal Contract Number					
	OFFICE ON AGING			HOUSING			D26B7400003					
	011102			SILVER SPRING	MD		B20B1 400000					
	Description/Remarks(Include reasons for contract modifications, If applicable, and indicate if extension or renewal option)											
	MOD TO PROVIDE INCREASED SERVICES FOR INDIVIDUALIZED CONCREGATE HOUSING FOR AN ESTIMATED 33											
1 1	MOD TO PROVIDE	INCREA	ASED SERV	/ICES FOR INDIVIDUALIZED	CONCREGATE HO	DUSING FOR	AN ESTIMATED 33					
					CONCREGATE HO	DUSING FOR	AN ESTIMATED 33					
	MOD TO PROVIDE RESIDENTS AT HO TERM: 3/28/2017 -	OMECRE	ST HOUSE	E III.	CONCREGATE HO	OUSING FOR	AN ESTIMATED 33					
	RESIDENTS AT HO	OMECRE	ST HOUSE	E III. HS)			AN ESTIMATED 33					
	RESIDENTS AT HO	OMECRE 6/30/201	ST HOUSE	HS)  Complete Below - Contract		<u>ly</u>	AN ESTIMATED 33					
	RESIDENTS AT HO	OMECRE 6/30/201 Mod No	ST HOUSE 7 (3 MONT	HS)  Complete Below - Contract	t Modifications On	<u>ly</u> ncrease All	AN ESTIMATED 33  Cum Total Contract Amount					
	RESIDENTS AT HO TERM: 3/28/2017 -	OMECRE 6/30/201 Mod No	ST HOUSE 7 (3 MONT	HII. HS)  Complete Below - Contract % Increase this Mod. to	t Modifications On Cumulative % In	ly ncrease All ll Contract						
	RESIDENTS AT HOTERM: 3/28/2017 -  Mod Date:	OMECRE 6/30/201 Mod No of	ST HOUSE 7 (3 MONT and Value Mod.	HS)  Complete Below - Contract  Increase this Mod. to Original Contract	t Modifications On Cumulative % In Mods to Origina	ly ncrease All ll Contract	Cum Total Contract Amount					

							BPW Award Date and			
5	Item and Category	Method	# Bids	Original Contract Amount	Fund Sou		Agenda Item			
DBM	V00B7400110	CSB	1	\$315,300.00	GF- 100	0.00%	3/19/2014			
	S-MOD						3-S			
	Using	Agency		Contractor Name, O	City, State	Orig	ginal Contract Number			
	DEPARTMENT		/ENILE	YOUTH TRANSIT						
	SER	/ICES		AUTHORITY, LLC			V00B4400024			
				HUMMELSTOWN	PA					
	Description/Remarks(Include reasons for contract modifications, If applicable, and indicate if extension or renewal op									
	EXERCISE 1ST OF TWO ONE-YEAR RENEWAL OPTIONS AS CONTAINED IN THE ORIGINAL CONTRACT TO PRO									
		CURE TRANSPORTATION FOR YOUTH THAT ARE COURT COMMITTED TO DJS FOR PLACE		MENT IN RESIDENTIAL						
	FACILITIES LOCAT	TED OUT	TSIDE MAR	YLAND. TERM: 4/4/2017 - 4						
Complete Below - Contract Modifications Only										
			and Value		Cumulative % Ir					
	Mod Date:	Date: of Mod. Original Contract Mods to Original Contract		l Contract	Cum Total Contract Amount					
	4/4/2017		1	36.38%	36.38%	6	\$430,012.00			
		\$114	,712.00							
	BPW Award Date and									
6	Item and Category	Method	# Bids	Original Contract Amount	Fund Sou		Agenda Item			
DPSCS	COH11477	PPR	0	\$100,000.00	VARIOU	JS				
	S-MOD									
Using Agency Contractor Name, City, State					City, State	Ori	ginal Contract Number			
DEPARTMENT OF PUBLIC SAFETY										
	& CORRECTIO		RVICES							
	(DP	SCS)		DEPAUL INDUSTRIES			V00B4400024			
	GLEN BURNIE		MD							
	Description/Remarks(Include reasons for contract modifications, If applicable, and indicate if extension or renewal opti-									
		MOD TO INCREASE THE AVAILABLE FUNDING TO PROVIDE TEMPORARY SERVICES TO SUPPLEME								
	DPSCS STAFFING NEEDS.									
	DPSCS STAFFING TERM: 12/1/2016 -			,						
		11/30/20	)17 (1 YEAF	Complete Below - Contrac						
	TERM: 12/1/2016 -	11/30/20 Mod No	017 (1 YEAF o. and Value	Complete Below - Contrac % Increase this Mod. to	Cumulative % Ir	ncrease All				
	TERM: 12/1/2016 - Mod Date:	11/30/20 Mod No	o. and Value Mod.	Complete Below - Contract % Increase this Mod. to Original Contract	Cumulative % Ir Mods to Origina	ncrease All ll Contract	Cum Total Contract Amount			
	TERM: 12/1/2016 -	11/30/20 Mod No of	o. and Value Mod.	Complete Below - Contrac % Increase this Mod. to	Cumulative % Ir	ncrease All ll Contract	Cum Total Contract Amount \$150,000.00			
	TERM: 12/1/2016 - Mod Date:	11/30/20 Mod No of	o. and Value Mod.	Complete Below - Contract % Increase this Mod. to Original Contract	Cumulative % Ir Mods to Origina	ncrease All ll Contract				

							BPW Award Date and					
7	Item and Category	Method	l # Bids	Original Contract Amount	Fund Sou	ırce	Agenda Item					
DHR		SS	0	\$37,749.00		0.00%						
	S			ψοι,ι	<u> </u>							
		Agency		Contractor Name, C	City, State	Ori	ginal Contract Number					
	DEPARTMEN		UMAN	NEW HOPE CAROLINAS,	-							
	RESO	URCES		INC.								
				NORTH CHARLESTON	SC							
	Description/Remark	ks(Includ	de reasons f	or contract modifications, If ap	plicable, and indica	te if extensio	n or renewal option)					
	PROVIDE RESIDE	NTIAL P	LACEMEN	Γ FOR AN EMOTIONALLY & E	EHAVIORALLY CH	HALLENGED	YOUTH.					
	TERM: 3/1/2017 -	2/28/201	18 (1 YEAR)									
		Complete Below - Contract Modifications Only										
	Mod No. and Value				Cumulative % In							
	Mod Date:	OI	f Mod.	Original Contract	Mods to Origina	ai Contract	Cum Total Contract Amount					
	T.											
							BPW Award Date and					
8	Item and Category	Method	l # Bids	Original Contract Amount	Fund So	ırce	Agenda Item					
DHR	<u> </u>	SS	0	•	1 una soc		8					
Dilix	1100007 700000			\$39.204.00	GF <sub>-</sub> 10	በ በበ%						
	S	- 00		\$39,204.00	GF- 10	0.00%						
	S Using		O O	\$39,204.00 Contractor Name, O			ginal Contract Number					
	Using	Agency					ginal Contract Number					
	Using DEPARTMEN	Agency		Contractor Name, C			ginal Contract Number					
	Using DEPARTMEN	Agency		Contractor Name, C			ginal Contract Number					
	Using DEPARTMEN RESO	Agency NT OF HI URCES	UMAN	Contractor Name, C	City, State  MA	Ori						
	Using DEPARTMEN RESO Description/Remark	Agency NT OF HI URCES ks(Include	UMAN de reasons f	Contractor Name, C	City, State  MA plicable, and indica	Ori,	n or renewal option)					
	Using DEPARTMEN RESO Description/Remar	Agency NT OF HI URCES ks(Includent)	UMAN de reasons for	Contractor Name, Contractor Name, Contractor Name, Contract Name,	City, State  MA plicable, and indica	Ori,	n or renewal option)					
	Using DEPARTMEN RESO Description/Remark	Agency NT OF HI URCES ks(Includent)	UMAN de reasons for	Contractor Name, Contractor Name, Contractor Name, Contract Name, Contractor Name	MA plicable, and indica DR DISORDERS W	Ori	n or renewal option)					
	Using DEPARTMEN RESO Description/Remar	Agency IT OF HI URCES ks(Includ NTIAL P	UMAN  de reasons for the control of	Contractor Name, Contractor Name, Contractor Name, Complete Below - Contractor Name, Contra	MA plicable, and indicator DISORDERS W	Ori	n or renewal option)					
	Using DEPARTMEN RESO  Description/Remar PROVIDE RESIDE  TERM: 3/1/2017 - 2	Agency IT OF HI URCES ks(Includ NTIAL P	UMAN  de reasons for the placement of th	Contractor Name, C  STETSON SCHOOL, INC.  BARRE  or contract modifications, If ap  FOR YOUTH WITH BEHAVIO  Complete Below - Contract  Mod. to	MA plicable, and indica DR DISORDERS W  Modifications Or Cumulative % Is	Ori	n or renewal option)  MEDICAL NECESSITY.					
	Using DEPARTMEN RESO Description/Remar	Agency IT OF HI URCES ks(Includ NTIAL P	UMAN  de reasons for the control of	Contractor Name, Contractor Name, Contractor Name, Complete Below - Contractor Name, Contra	MA plicable, and indicator DISORDERS W	Ori	n or renewal option)					
	Using DEPARTMEN RESO  Description/Remar PROVIDE RESIDE  TERM: 3/1/2017 - 2	Agency IT OF HI URCES ks(Includ NTIAL P	UMAN  de reasons for the placement of th	Contractor Name, C  STETSON SCHOOL, INC.  BARRE  or contract modifications, If ap  FOR YOUTH WITH BEHAVIO  Complete Below - Contract  Mod. to	MA plicable, and indica DR DISORDERS W  Modifications Or Cumulative % Is	Ori	n or renewal option)  MEDICAL NECESSITY.					
	Using DEPARTMEN RESO  Description/Remar PROVIDE RESIDE  TERM: 3/1/2017 - 2	Agency IT OF HI URCES ks(Includ NTIAL P	UMAN  de reasons for the placement of th	Contractor Name, C  STETSON SCHOOL, INC.  BARRE  or contract modifications, If ap  FOR YOUTH WITH BEHAVIO  Complete Below - Contract  Mod. to	MA plicable, and indica DR DISORDERS W  Modifications Or Cumulative % Is	Ori	n or renewal option)  MEDICAL NECESSITY.					

				Department of Budget ar	,	Run Date Time: 11/15/2021 5:01 F						
							BPW Award Date and					
9	Item and Category	Method	# Bids	Original Contract Amount	Fun	d Source	Agenda Item					
рнмн	M00B7400616	SS	0	\$60,000.00	GF-	100.00%						
	S											
	Using	Agency		Contractor Name, C	City, State	C	Original Contract Number					
	OFFICE OF POPU	JLATION	HEALTH	PUBLIC HEALTH FOUNDATION								
				WASHINGTON	DC							
	Description/Remarks(Include reasons for contract modifications, If applicable, and indicate if extension or renewal option)											
	PROVIDE THE TRA	AIN LEAF	RNING MAI	NAGEMENT SYSTEM IN ORD	ER TO ASSE	SS & TRAING F	PUBLIC HEALTH STAFF					
	BASED ON THE NA	ATIONAL	CORE CC	MPETENCIES OF PUBLIC H	EALTH PROFI	ESSIONALS FF	OM THE COUNCIL ON					
	LINKAGES BETWE	NKAGES BETWEEN ACADEMIA & PUBLIC HEALTH PRACTICE FOR NATIONAL ACCREDITATION. TERM: 4/1/17 - 3/31/18										
				Complete Below - Contract	t Modification	s Only						
		Mod No.	. and Value	% Increase this Mod. to	Cumulative	e % Increase All						
	Mod Date:	of	Mod.	Original Contract	Mods to O	riginal Contract	Cum Total Contract Amount					
				·								